
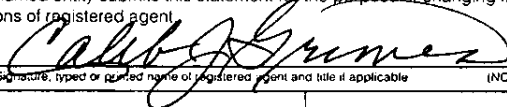



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90150 041 ****50.00

DOCUMENT # L03000056534 1. Entity Name GRIMES GOEBEL GRIMES HAWKINS GLADFELTER & GALVANO, P.L.					
Principal Place of Business 1023 MANATEE AVE. WEST BRADENTON, FL 34205			Mailing Address 1023 MANATEE AVE. WEST BRADENTON, FL 34205		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 92-0185518	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIMES, WILLIAM C 1023 MANATEE AVE. WEST BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name Caleb J. Grimes Street Address (P.O. Box Number is Not Acceptable) 1023 Manatee Avenue West City Bradenton		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			Signature:  DATE: 2-26-'07		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIMES, WILLIAM C 1023 MANATEE AVE W. BRADENTON, FL 34205	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIMES, CALEB 1023 MANATEE AVE W. BRADENTON, FL 34205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAWKINS, JOHN D 1023 MANATEE AVE. W BRADENTON, FL 34205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLADFELTER, LESLIE 1023 MANATEE AVE W. BRADENTON, FL 34205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALVANO, WILLIAM S 1023 MANATEE AVE. W BRADENTON, FL 34205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALVANO, WILLIAM S 1023 MANATEE AVE. W BRADENTON, FL 34205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALVANO, WILLIAM S 1023 MANATEE AVE. W BRADENTON, FL 34205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALVANO, WILLIAM S 1023 MANATEE AVE. W BRADENTON, FL 34205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALVANO, WILLIAM S 1023 MANATEE AVE. W BRADENTON, FL 34205	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  Caleb J. Grimes, MGRM					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 2-26-07 Daytime Phone #: 941-748-0151					